

not relevant. JG

Mrs. Marguerite C. Oswald
vs.
Liberty Insurance Company of Texas
19
FINAL JUDGMENT

NO. 6

1/10

T 16 00 2

Mrs. MARGARET G. GOMBER, Plaintiff

vs

IN THE STATE COURT

ROBBER COUNTY, TEXAS

Open JUDICIAL RECORD

LIBERTY INSURANCE COMPANY OF TEXAS,
Defendant

FINAL JUDGMENT

On this 11th day of December, A. D., 1950 came
on to be heard the above entitled and numbered cause, and came the plaintiff
Mrs. Margaret G. Gomber

in person and by his attorney and came the defendant, Liberty Insurance
Company of Texas by its attorneys, and both parties
announced ready for trial; and, a jury being waived, all matters of fact as
well as of law were submitted to the court, and after considering the plead-
ings, the evidence and argument of counsel, the Court is of the opinion and
finds as follows:

That the plaintiff and the defendant have entered into a compromise
settlement agreement by which all of the issues involved herein have been
satisfactorily compromised and settled, that said compromise settlement
agreement has been reduced to writing, signed by the parties hereto and their
attorneys and an original has been filed herein with the papers in this suit
and introduced in evidence; the Court has considered said agreement, together
with the evidence in connection therewith, and is of the opinion that said
compromise settlement agreement is fair and equitable to all parties and
that all parties have agreed thereto and that said defendant should be and
it is hereby authorized to settle plaintiff's alleged suit and cause of action
against said defendant for compensation under the Workmen's Compensation Law
of the State of Texas upon the basis therein set out, including allowance
for future hospital and medical expenses.

RECEIVED

DEC 22 1950

TEXAS INDUSTRIAL
COMMISSION

The Court hereby finds that the plaintiff has contracted with his attorney of record to represent him before the Industrial Accident Board and in this court and has agreed to pay said attorney a fee within the limits provided by law.

The Court is further of the opinion that judgment should be entered herein carrying into effect said compromise settlement agreement.

It is therefore ORDERED, ADJUDGED and DECREED that the plaintiff,

Mrs. Marguerite G. Gould, do have and recover of and from the defendant, **Liberty Insurance Company of Texas**, the sum of **THIRTY-NINE MILLION SEVEN HUNDRED FIFTY AND NO/100 - - - - -** (\$39,750.00) Dollars and costs of this suit, and that out of said sum of money there is hereby awarded unto

Sternberg, Schotten & Jacobs, attorney for plaintiff, the sum of \$ 720.79 as attorneys fees, which the Court hereby finds to be a reasonable and fair fee, and the Court hereby finds that the services rendered by said attorney are reasonably worth the said sum of money herein allowed as such fee, and the said claimant under the compensation law has been benefited to such an extent as to justify the allowance of such fee.

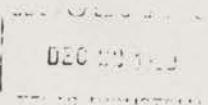
It is hereby further ORDERED, ADJUDGED and DECREED that the award of the Industrial Accident Board heretofore entered in this case be and the same is hereby in all things set aside and nullified.

It is hereby further ORDERED, ADJUDGED and DECREED that all the costs herein be and the same are hereby taxed against the defendant herein.

The Court hereby further finds that contemporaneously with the entry of this judgment the defendant paid the sum of money hereinabove awarded, as herein directed, and that this judgment has been satisfied in full contemporaneously with its entry.

It is therefore hereby further ORDERED, ADJUDGED and DECREED that no execution issue herein upon this judgment except for costs.

-2-



The Court hereby finds that all of the jurisdictional facts exist vesting this Court with jurisdiction of this suit and alleged cause of action.

It is so ORDERED this the 22nd day of December, 1959.

(Signed) Harris Brewster,

JUDGE PRESIDING

AGREED TO:

James L. Cawley Plaintiff

WILSON, WILSON & JAMES

Dec 18 1959
Attorney for the Plaintiff

R. W. Rose
Attorney for the Defendant



RECEIVED
DEC 22 1959
U.S. DISTRICT COURT

ACKNOWLEDGMENT OF NOTICE OF INTENTION TO APPEAL

EMPLOYEE

Mrs. Marguerite C. Oswald

Messrs. Spurlock, Schattman &
Jacobs, Attorneys
601 Sinclair Building
Fort Worth, Texas

VS
EMPLOYER

King Candy Company

INSURANCE
CARRIER

Liberty Insurance Company of Texas
Box 939
Fort Worth, Texas

CC

Mr. M. J. Flahive, Austin, Texas

AB 11-53

5

DATE AWARD ENTERED	DATE NOTICE OF INTENT ON TO APPEAL RECEIVED	BOARD NO.
8/4/59	8/21/59	T 16002
INSURANCE CO. NO.		4
		M 11672
NOTICE RECEIVED FROM		
<input checked="" type="checkbox"/> INSURANCE CARRIER	<input type="checkbox"/> EMPLOYEE	

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

Receipt of Notice of Intention
to Appeal from award of the
Board as indicated above is
hereby acknowledged.

Joe G. Moore, Jr.
EXECUTIVE DIRECTOR
AND
SECRETARY

WHEN WRITING TO THE BOARD CONCERNING THIS
CLAIM ALWAYS GIVE THE BOARDS NUMBER AND
STYLE OF THE CASE

Mr. John W. Laird, Attorney

8/21/59 mb

Honorable Industrial Accident Board
Walton Building
Austin, Texas

Board No. T 16002
Ins. Co. No. W 11672

RE:

Mrs. Marquerite C. Oswald, Employee

King Candy Company, Employer

Liberty Insurance Company of Texas, Insuror

Gentlemen:

You are hereby notified that Liberty Insurance Company of Texas is not willing to, and will not, abide by the final ruling, decision and award made by the Industrial Accident Board of the State of Texas in the above styled and numbered Cause on the 4 day of August, 19 59, and that it will, within twenty days after service of this notice of appeal on the Industrial Accident Board of the State of Texas, bring suit in some court of competent jurisdiction in the county where the injury to the said Mrs. Marquerite C. Oswald, occurred and/or was alleged to have occurred, to have the said Cause tried de novo in said court.

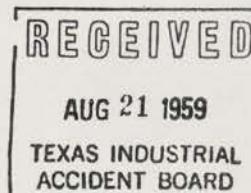
LIBERTY INSURANCE COMPANY OF TEXAS
P.O. BOX 939 - FORT WORTH, TEXAS

By: M. J. Flahive
M. J. Flahive

The Industrial Accident Board of the State of Texas acknowledges receipt of the above notice of appeal on this the 21 day of August, A.D. 19 59.

INDUSTRIAL ACCIDENT BOARD, STATE OF
TEXAS

By: W. J. Jones



T16002
b

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

FORT WORTH, TEXAS
August 10th., 1959

GENTLEMEN:

This will advise that a suit was filed in this Court to set aside the award of the Industrial Accident Board of Austin, Texas, and styled:

Mrs. Marguerite C. Oswald

VS. NO. 134-67-C

Liberty Ins. Co. of Texas

The Number of the Board is none

The date of the alleged injury was Dec. 5, 1958

The name of the Employer was King Candy Co.

Yours very truly,

Gene Smith,
District Clerk,
Tarrant County, Texas

By Opal Smith, Deputy
Opal Smith

Aug 10 1959

ACKNOWLEDGMENT OF NOTICE OF INTENTION TO APPEAL
EMPLOYEE

Mrs. Marguerite C. Oswald

Messrs. Sturlock, Schattman &
Jacobs, Attorneys
601 Sinclair Building
Fort Worth, Texas

VS
EMPLOYER

King Candy Company

INSURANCE
CARRIER

Liberty Insurance Company of Texas
Box 939
Fort Worth, Texas

5

IAB 11-53

Mr. M. J. Flahive, Austin, Texas

DATE AWARD ENTERED	DATE NOTICE OF INTENTION TO APPEAL RECEIVED	BOARD NO.
8-4-59	8-7-59	T 16002
INSURANCE CO. NO.		W 11672
NOTICE RECEIVED FROM <input type="checkbox"/> INSURANCE <input checked="" type="checkbox"/> EMPLOYEE <input type="checkbox"/> CARRIER		

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

Receipt of Notice of Intention
to Appeal from award of the
Board as indicated above is
hereby acknowledged.

Joe G. Moore, Jr.
EXECUTIVE DIRECTOR
AND
SECRETARY

WHEN WRITING TO THE BOARD CONCERNING THIS
CLAIM ALWAYS GIVE THE BOARD'S NUMBER AND
STYLE OF THE CASE
Mr. John W. Laird, Attorney

8-10-59 nb

1600.

8

JOE SPURLOCK
DENNING SCHATTMAN
KELLY JACOBS
TOM CAVE

LAW OFFICES OF
SPURLOCK, SCHATTMAN & JACOBS
601 SINCLAIR BUILDING
FORT WORTH 2, TEXAS
August 5, 1959

TELEPHONE
EDISON 5-4547

Industrial Accident Board
Walton Building
Austin, Texas

Re: Board No.: T 16002
Insurance Co. No.: W-11672

Gentlemen:

Mrs. Marguerite C. Oswald, claimant and a party at interest in the cause shown above, respectfully notifies you, and through you all other interested parties, that he is not willing and does not consent to abide by your final ruling and decision made and entered in this cause on the 4th day of August, 1959; and that within 20 days after the filing with you of this notice, and within the time and in the manner required by law, he will bring suit in a court of competent jurisdiction to set aside said final ruling and decision.

Dated at Ft. Worth, Texas, this 5th day of August, 1959.

SPURLOCK, SCHATTMAN & JACOBS

BY: Marguerite C. Oswald
Attorneys for Claimant.

THIS WILL ACKNOWLEDGE RECEIPT IN THIS OFFICE
OF NOTICE OF INTENTION TO APPEAL ON

AUG 7 1959

INDUSTRIAL ACCIDENT BOARD

BY

Marguerite C. Oswald

RECEIVED
TEXAS INDUSTRIAL
ACCIDENT BOARD

AWARD OF BOARD

EMPLOYEE

Mr's. Marguerite C. Oswald
 313 Templeton Drive
 Fort Worth 7, Texas

DATE NOTICE
MAILED CLAIMANTDATE OF
HEARING

7

BOARD
NUMBER

W-11672

T 16002
INDUSTRIAL
ACCIDENT
BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

Messrs. Spurlock, Schattman & Jacobs, Attorneys
 601 Sinclair Building
 Fort Worth, Texas

VS
EMPLOYER

King Candy Company

INSURANCE
CARRIER

Liberty Insurance Company of Texas
 P.O. Box 939
 Fort Worth, Texas

CC: :

mm Mr. M. J. Flahive, Austin, Texas Mr. John W. Laird, Attorney

DATE OF INJURY

NATURE OF INJURY

12-5-58

On date of hearing after due notice to all parties, came the above numbered and described claim for compensation to be considered by the Industrial Accident Board, and the Board finds and orders: (Only Findings Orders, etc. X'd in appropriate spaces below apply.)

- | | |
|------|---|
| 1. X | Finds that on date of injury the employee sustained Injury in the course of employment of the employer named above who was a subscriber under the Workmen's Compensation Act, insured with the insurance carrier named above. |
| 2. X | Finds that employee's average weekly wage before the injury was \$48.65 |
| 3. X | Finds that the compensation rate is \$ 29.19 |
| 4. X | Orders: The carrier to pay employee \$29.19 per week for 32 consecutive weeks for total disability beginning on 12-6-58 for injuries received |
| 5. | Orders: The carrier to pay employee \$ per week for consecutive weeks (following payment of compensation, if any, due for total disability) for % permanent loss of |
| 6. X | Compensation ordered paid under this award which has accrued from date disability began to date this award is entered, less payments already made, shall be paid in a lump sum. |
| 7. | Special Findings and Orders: |
| X | That payments of compensation have matured in the sum of \$934.00. |
| | That named employee has no loss in wage earning capacity. |

1

8. X Orders: The carrier to deduct from this award and to pay to the above named attorney(s) a fee on the unpaid portion of this award in the amount of 15% of the amount ordered paid.

This is the final award of the Board. Any claim for additional medical, hospital, nursing,ธematics and medical expenses should be made within 6 months from the date of this award. If you are dissatisfied with this award and desire to appeal it, you must file the Board written notice of your appeal within 30 days from the date of this award and thereafter file suit in court within 20 days from the receipt of notice by the Board. This award is final on the day of

4th AUGUST 1958

THE INDUSTRIAL ACCIDENT BOARD

IAB - 10-53

nd Rose

CHAIRMAN

LAW OFFICES
MAURICE FLAHIVE
ANN HETZ. SECY.

TELEPHONE GR 7-4400
V.F.W. BUILDING
AUSTIN, TEXAS

JULY 27, 1959

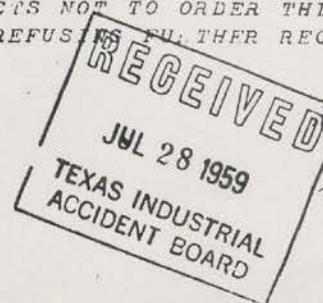
HONORABLE INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

RE: BOARD NO. I 16018 - W-11673
EMPLOYEE: MARGURITE OSWALD
EMPLOYER: KING CANDY COMPANY
INSURER: LIBERTY INSURANCE CO. OF TEXAS
D/I: 7/14/59

GENTLEMEN:

WE PREVIOUSLY BRIEFED THIS CASE ON HEARING DATE, SHOWING THAT WE HAD PAID A TOTAL OF \$685.80 COMPENSATION PLUS \$365.80 MEDICAL, AND WE SUBMITTED THE REPORT OF DR. GOLDBERG AND THE REPORT OF DR. HAMILTON, SHOWING NO PERMANENT INJURY WHATSOEVER. HOWEVER, OUR CLAIM DEPARTMENT IN FORT WORTH HAS BEEN IN TOUCH WITH THE ATTORNEY, REPRESENTING THE LADY, AND WE UNDERSTAND THAT HE HAS NOT FILED A MEDICAL YET WITH THE BOARD.

ORIGINALY, OUR ADJUSTER HAD AN AGREEMENT WITH ATTORNEY JACOBS TO HAVE THIS WOMAN EXAMINED BY DR. HENRY C. GARDINER OF THE MEDICAL ARTS BUILDING, FORT WORTH, TEXAS, BUT THE ATTORNEY ADVISES US THAT HIS CLIENT REFUSES TO SUBMIT TO AN EXAMINATION BY A PSYCHIATRIST. WE FEEL THAT IN ORDER TO GIVE THIS WOMAN THE BENEFIT OF EVERY DOUBT THAT SHE SHOULD BE EXAMINED BY DR. GARDINER AT THE ABOVE ADDRESS BEFORE A FINAL AWARD IS ENTERED. ACTUALLY, OUR POSITION IS THAT THE MEDICAL REPORTS WHICH WE HAVE HERETOFORE FILED ARE ADEQUATE FOR OUR DEFENSE AND SHOW A FULL RECOVERY WITH NO PERMANENT INJURY, BUT IN FAIRNESS TO THE CLAIMANT, WE THINK THAT THE BOARD SHOULD ENTER AN ORDER DIRECTING HER TO DR. GARDINER, MEDICAL ARTS BUILDING, FORT WORTH, TEXAS FOR AN UP-TO-DATE PSYCHIATRIC EXAMINATION AT THE REQUEST AND EXPENSE OF THE INSURANCE COMPANY WITH A SIGNED COPY TO GO TO THE ATTORNEY. WE ARE SENDING THE ATTORNEY A COPY OF THIS CONTENTION AS A MATTER OF COURTESY BECAUSE IT APPEARS THAT THE ATTORNEY WAS NOT THE PARTY WHO IS REFUSING THIS EXAMINATION. ON THE OTHER HAND, IF THE BOARD ELECTS NOT TO ORDER THIS EXAMINATION, WE AGAIN COMMEND FOR AN AWARD REFUSING FURTHER RECOVERY, BASED ON OUR PRIOR EVIDENCE.



RESPECTFULLY SUBMITTED,

9-16002
811

LIBERTY INSURANCE CO. OF TEXAS
P.O. BOX 967
FORT WORTH 1, TEXAS

BY J. J. McVey
H. J. FLAHEY

N.J. CAP

cc - NESTOR, SPURLOCK, SCHETTMAN & JACOBS, ATTORNEYS
601 SINCLAIR BUILDING
FORT WORTH, TEXAS



JOHN W. LAIRD

ATTORNEY AT LAW
313 PERRY-BROOKS BLDG.
AUSTIN 1, TEXAS

July 22, 1959

Industrial Accident Board
Austin, Texas

(V)

Re: T-16002
Marguerite Oswald
vs
King Candy Company

Gentlemen:

On December 5, 1958 Mrs. Oswald sustained severe injuries to her face, head and neck when she was struck by some falling objects.

We call your attention to the report of Dr. Lester L. Hamilton which is submitted in support of this claim. This report shows the extent of the injuries sustained and the treatment given. We also submit the completed hearing statement of Mrs. Oswald.

We shall appreciate an award in line with the evidence we have submitted.



Very truly yours,

John W. Laird
John W. Laird, associated with
Spurlock, Schattman & Jacobs,
attorneys for claimant

JWL:rs
encls: Medical & hearing stmt to IAB

cc: Spurlock, Schattman & Jacobs
601 Sinclair Bldg.
Fort Worth, Texas

LESTER L. HAMILTON, D. O.
PHYSICIAN AND SURGEON

CARL E. EVERETT, D. O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
TELEPHONE PL 2-1442
FORT WORTH 7, TEXAS

June 8, 1959

11/1 file
160-12
To Whom It May Concern:

Mrs. Marguerite Oswald came to us February 20, 1959 with history of having been struck in the right side of her face by falling boxes while working at Fair Ridglea in the candy department. She stated that she later had an abscess of the right side of the face which was treated by Dr. J. Robert Harris with ten shots of penicillin. She also stated that she had been given first aid by Dr. Hardwick just after the accident. She stated that she had a heavy feeling in her head, soreness in her neck and her jaw was not working correctly. An examination revealed a partially limited motion of the right temporo-mandibular joint with a popping noise upon movement. There was also considerable tenderness in the neck and a grating sound upon movement. There was also grating sound upon movement of the cervical area. She was given osteopathic manipulation and medco-sonalater treatment. (ultra sound and muscle stimulation) She was seen and treated on February 20, 21, 23, 25, 27, 28, March, 2, 4, 6, 9. On March 12, she stated that she had had a sharp shooting pain in right temple area for three days. The treatments were continued on March 12, 16, 18 and 20, with the physiotherapy being used over the temple and face area.

On March 23, we packed and irrigated the sinuses and obtained yellow pus in the washings. Sinus irrigations were given on March 23, 25, 27, 30, April 2, 4, 6, 9, 11.

On April 13 she was referred to Dr. W.W. McKinney and since I had mentioned that I might want her to see an E.E.N.T. doctor, she also made an appointment for herself and saw Dr. J.C. Baker. Dr. McKinney felt that she had a maxillary sinusitis and suggested continued sinus irrigations. However Dr. Baker felt that the sinuses were clear. Both Doctors mentioned the possibility of the involvement of the maxillary division of the 5th cranial nerve. It was our feeling that she had a neuralgia or neutitis of this nerve and that the sinuses were clear for we had ceased getting pus upon irrigation. We gave her some B/I2 injections and prescribed B/I2 and Decadron orally and continued the Medco-sonalater treatments.

On May 9, 1959 we referred her to X-ray department of the Fort Worth Osteopathic Hospital for pan-sinus X-rays since it appeared to us that the right frontal sinus trans illuminated poorly. The X-rays showed no sinus infection.

RECEIVED

JUL 22 1959

TEXAS INDUSTRIAL
ACCIDENT BOARD

LESTER L. HAMILTON, D.O.
PHYSICIAN AND SURGEON

CARL E. EVERETT, D.O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
TELEPHONE: P. 2-6000
FORT WORTH 7, TEXAS

D-16002
14

She continued to complain of stiffness and soreness on the right temporal area and we decided to treat her daily for a time. She was seen on May 11, 12, 13, 14, 16, 18, 19, 20, 21, 22, 25. We injected the area above and in front of the right ear with Hydreltrasol and Procaine on May 21. This point seemed to be more sore than any other in the involved area. On May 25 she stated that actual pain was gone but that a sense of stiffness was present involving the temporal area and a part of the right side of the face.

We told her at that time that we felt she should return to work. It was our feeling that she would do better with less time to worry about her problems for we were quite sure there were many psychic problems involved in the case and that actual pain was not sufficient to prevent her pursuing regular employment.

I see no reason why this condition should not completely clear up within the next few weeks leaving no permanent disability.



Sincerely,

Lester L. Hamilton, D.C.

Lester L. Hamilton D.O.

Hamilton-Everett Clinic
5725 Camp Bowie Blvd
Fort Worth, Texas

EMPLOYEE'S NOTICE OF HEARING AND STATEMENT

EMPLOYEE - Mrs. Marguerite C. Oswald,
313 Templeton Drive,
Fort Worth 7, Texas

DATE NOTICE MAILED CLAIMANT	DATE OF HEARING	BOARD NUMBER
6-11-59	7-14-59	T 16002
INSURANCE CO. NO.		W 11672

Spurlock, Schattman & Jacobs, Attys.
601 Sinclair Building,
Fort Worth, Texas

vs
EMPLOYER - King Candy Company,
813 E. Ninth St.,
Fort Worth, Texas

INSURANCE CARRIER - Liberty Insurance Company,
Box 939,
Fort Worth, Texas.

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

The Industrial Accident Board has received your request for compensation or medical expense indicating that you have been unable to secure satisfactory action from the Insurance Company named; The Board will decide all issues incident to your claim on the hearing date indicated above, unless you request otherwise.

You need not appear in person but we will be unable to reach a decision unless you give us the following information by date of hearing. Do you intend to appear personally? Yes No

If you do not wish the Board to hear your claim, advise this office at once.

MEDICAL EVIDENCE MUST BE FILED IN ALL CASES.

CC: .

DATE OF INJURY	NATURE OF INJURY	COUNTY WHERE INJURY OCCURRED
12-5-58	Face, neck and head; nerves and organs	Tarrant
In support of my claim, I submit the following information: Age 51 Social Security Number, 435-22-5686		
A. EMPLOYMENT		
Were you hired in Texas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Were you working in Texas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
How many hours worked per day?	8 to 10	
How many days worked per week?	5	
At what wage? \$ 175.00 per month	(hr., day, wk., mo.)	
Plus commission		
Are you working now?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When did you return to work?	(mo. day yr.)	
At what wage? \$ _____ per _____	(hr., day, wk., mo.)	
B. INJURY		
Were you injured on the job?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
On what date were you injured?	A.M.	P.M.
Mo. December Day 5 Yr. 1958		
On what date did you report your injury?		
Mo. December Day 5th Yr. 1958		
To whom did you report your injury?		
Name Mr. Richardson		
Title Assistant Manager		
Where were you injured?		
Ft. Worth, Tarrant, Texas		
City State		
If accident occurred outside of Texas, on what date were you transferred to State in which accident occurred?		
Mo. Day Yr.		
What were you doing when injured? Reaching for a carton		
On what date did you start losing time?		
Mo. December Day 6th Yr. 1958		
Marguerite C. Oswald		
Signature	Claimant or Beneficiary	
DATED	RECEIVED	
JUL 22 1959	If employee has died, give names, ages, and relationships of beneficiaries:	
TEXAS INDUSTRIAL ACCIDENT BOARD		
Witness Signature		

ONE COPY OF THIS STATEMENT MUST BE IN THE HANDS OF THE BOARD BY DATE OF HEARING
IAS - 8-53 INSURANCE DIVISION - THE STOCK CO., AUSTIN

JOHN W. LAIRD
ATTORNEY AT LAW
333 PERRY-BROOKS BLDG.
AUSTIN 1, TEXAS

July 14, 1959

Industrial Accident Board
Austin, Texas

16

Re: T-16002
Mrs. Marguerite C. Oswald
vs
King Candy Company

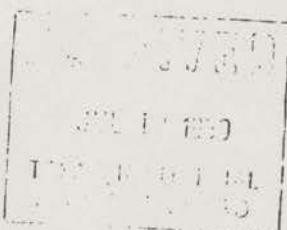
Gentlemen:

We have been delayed in receiving our medical evidence for submitting in support of the above listed claim. Will you please withhold action on it for a few days pending receipt of same.

Very truly yours

John W. Laird
John W. Laird, associated
with Spurlock, Schattman &
Jacobs, attorneys for claimant

JWL/ml
cc: Spurlock, Schattman & Jacobs
601 Sinclair Bldg.
Fort Worth, Texas



LAW OFFICES
MAURICE FLAHIVE
ANN HETZ, SECY.

TELEPHONE: GR 7-4400
V. F. W. BUILDING
AUSTIN, TEXAS

JULY 14, 1959

HONORABLE INDUSTRIAL ACCIDENT
WALTON BUILDING
AUSTIN, TEXAS



RE: T-16002 - W-11672
EMPLOYEE: MARGUERITE C. OSWALD
EMPLOYER: KING CANDY COMPANY
INSUROR: LIBERTY INSURANCE CO. OF
TEXAS
D/H: 7/14/59

GENTLEMEN:

WE PAID 20 WEEKS COMPENSATION FOR A TOTAL OF \$583.80 PLUS \$365.20 MEDICAL. IN SUPPORT OF OUR POSITION THAT THERE IS NO PERMANENT INJURY, WE ATTACH THE REPORT OF DR. MORTON GOLDBERG UNDER DATE OF MAY 28TH AND JANUARY 26, 1959, AND IN ADDITION THERETO, WE ARE ATTACHING THE REPORT OF DR. HAMILTON SHOWING ALSO NO PERMANENT INJURY. WE ARE TAKING THE POSITION THAT WE HAVE DISCHARGED ALL RESPONSIBILITY AND DECLINE FURTHER RECOVERY HERETIN.

RESPECTFULLY SUBMITTED,

LIBERTY INSURANCE COMPANY OF TEXAS
P.O. Box 939, FORT WORTH, TEXAS

BY: M.J. Flahive
M.J. FLAHI VE

LESTER L. HAMILTON, D. O.
PHYSICIAN AND SURGEON

CARL E. EVERETT, D. O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
TELEPHONE M-74341
FORT WORTH 7, TEXAS

May, 13, 1959

To Whom it may Concern:

RECEIVED

Mrs. Marguerite Oswald came to us February, 20, 1959, history of having been struck in the right side of her face by falling boxes while working at Fair Ridglea in the candy department. She stated that she later had an abscess of the right side of the face which was treated by Dr. J. Robert Harris with ten shots of penicillin. She also stated that she had been given first aid by Dr. Hardwick just after the accident. She stated that she had a heavy feeling in the head, soreness in her neck, and her jaw was not working correctly. Examination revealed a partially limited motion of the right temporo-mandibular joint with a popping noise upon movement. There was also considerable tenderness in the neck and also a grating sound upon movement of the cervical area. She was given osteopathic manipulation and medco-sonolator treatment.(ultra-sound and muscle stimulation) She was seen and treated on Feb. 20, 21, 23, 25, 27, 28, March 2, 4, 6, 9. On March 12, she stated that she had had a sharp shooting pain in right temple area for three days. The treatments were continued on March 12, 16, 18, 20, with the physiotherapy being used over the temple and face area.

On March 23, we packed and irrigated the sinuses and obtained yellow pus in the washings. Sinus irrigations were given on March 23, 25, 27, 30, April, 2, 4, 6, 9, 11.

On April 13 she was referred to Dr. W.W. Mc Kinney and since I had mentioned that I might want her to see an E E N T doctor, she also made an appointment for herself and saw Dr. J. C. Baker. Dr Mc Kinney felt that she had a maxillary sinusitis and suggested continued sinus irrigations. However Dr. Baker felt the sinuses were clear. Both doctors mentioned the possibility of involvement of the maxillary division of the 5th cranial nerve. It was our feeling that she had a neuralgia or neuritis of this nerve and that the sinuses were clear for we had ceased getting pus upon irrigation. We gave her some B/12 injections and prescribed B/12 and Decadron orally and continued the Medcosonolator treatments.

On May 9, 1959 we referred her to X-ray department of the Fort Worth Osteopathic Hospital for pan-sinus X-rays since it appeared to us that the right frontal sinus trans-illuminated poorly. The X-rays showed no sinus infection.

LESTER L. HAMILTON, D.O.
PHYSICIAN AND SURGEON

CARL E. EVERETT, D.O.
PHYSICIAN AND SURGEON

HAMILTON-EVERETT CLINIC
5725 CAMP BOWIE BLVD.
TELEPHONE FC 7-0142
FORT WORTH 7, TEXAS

T 11

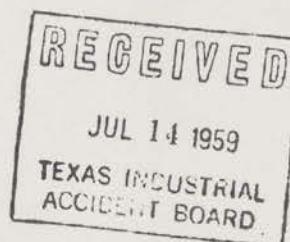
At present Mrs. Oswald complains of a tightness and soreness of the left side of the face and temple area. We feel she has a neuralgia or neuritis of this portion of the 5th cranial nerve which is improving with osteopathic treatment and physiotherapy as mentioned above.

Today she reports that pain had been relatively absent for several days but has now recurred. The Medcosonolator relieves pain for considerable time. We intend to treat her daily for a time in order to see if we can maintain relief of pain. It is our opinion that this condition should clear up within the next few weeks and leave no residual impairment.

Sincerely,

Lester L. Hamilton DO

Lester L. Hamilton D.O.
Hamilton-Everett Clinic
5725 Camp Bowie Blvd.
Fort Worth, Texas.



LLH/jm

GOLDBERG CLINIC
PHYSICIANS AND SURGEONS
904-S BURK BURNETT BUILDING
FORT WORTH, TEXAS

A. I. GOLDBERG, B.A., M.D.
MORTON N. GOLDBERG, M.D.
EARLE U. SCHARFF, JR., M.D., F.A.C.O.

May 28, 1959

Liberty Insurance Company of Texas
P. O. Box 939
Ft. Worth, Texas

Re: Marguerite Oswald
Employee, King Candy Co.

Dear Sir:

Mrs. Oswald reported to this office on May 27, 1959 for re-evaluation of her alleged injury on December 5, 1958. Since her last visit on December 29, 1958 she has sought various medical attention including a consultation with Dr. W. McKinney, M.D., and Dr. Hamilton, D. O.

She states that she has had intense periodic pain in the right side of her face, her nose, and right scalp area since her accident. On occasions the right side of her face adjacent to her nose becomes swollen and a white thick discharge drains from her nose.

During the course of this interview she was very verbose and cried intermittently; was disappointed that more could not be done to alleviate her pain and find the reason for her condition. She attempted to correlate her pain with anatomic relations of the area of her injury which were not in accordance with true anatomic position.

Her blood pressure was 120/80. Temperature was normal. Pulse normal. There was no fullness of her face. Nose was normal as was the mucous membrane of both nostrils. There was no post-nasal discharge of mucus or pus. Her throat was normal. Chest, heart, and lungs were normal. Abdomen was normal as were the extremities. Her complete blood count and ~~x-ray~~ were normal. X-rays of all nasal accessory sinuses were normal. X-ray of her nose was normal.

It is my impression that this patient has a tremendous psychic overlay to her entire condition. That a feeling of insecurity about her failure to hold a job or obtain one are the main reasons for perpetuation of her pain. I could find no organic changes that could account for her symptoms.

Sincerely,

Morton N. Goldberg
MORTON N. GOLDBERG, M. D.

GOLDBERG CLINIC
PHYSICIANS AND SURGEONS
904-5 BURK BURNETT BUILDING
FORT WORTH, TEXAS

A. I. GOLDBERG, B.A., M.D.
MORTON N. GOLDBERG, M.D.

January 26, 1959

1-28
filed
JAN 26 1959
P.
21

Liberty Insurance Company of Texas
P. O. Box 939
Fort Worth, Texas

Dear Sirs:

Re: Marguerite Oswald
Employee
King Candy Company

The above named patient came to us on December 6, 1958
stating that on December 5, 1958 she reached up to get
some jars of candy while working for King Candy Company
and a carton of candy fell on her face and nose.

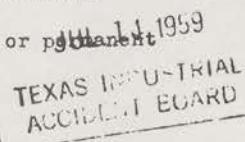
Examination revealed a small laceration of the bridge of
the nose with swelling and also swelling of the turbinates.

X-ray of the nose was negative for fracture and the
patient was given bio-mycycin nasal decongestive and
medication for pain.

The patient returned for an office visit on December 8,
1958 and then again on December 29, 1958 at which time
she complained of headaches and pain in her neck. Her
cervical spine was then x-rayed which revealed no fracture
or pathology. We have not seen the patient since the
afore mentioned date and presume she is recovered.

It is my opinion that there is no partial or permanent
disability.

Sincerely,



Morton N. Goldberg
Morton N. Goldberg, M. D.

MNG: dj

William W. McKinney, M. D.
112 Dallas Building
300 Edd Ave.
Fort Worth, Texas

April 30, 1959

72
T-11
Liberty Insurance Company
P.O. Box 939
Fort Worth, Texas

Re: Mrs. Marguerite Oswald
Employed - King Candy Company

Dear Sirs.

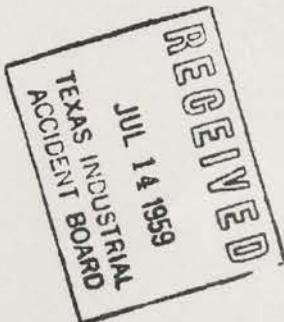
Mrs. Marguerite Oswald was referred to me by Dr. L. L. Hamilton on the 1st of April, 1959.

I examined this patient and found no abnormal neurological signs. I felt that her difficulty was primarily a maxillary sinusitis on the right. I see no evidence of any definite neurological involvement.

Sincerely,

William W. McKinney
William W. McKinney, M. D.

W.M.M.
Enclosure



Board No. **T 16002**Insurance Co. No. **W 11672**

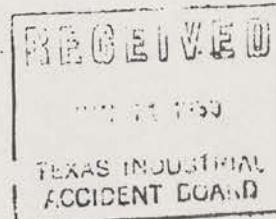
June 10, 1959

**INDUSTRIAL ACCIDENT BOARD
Austin, Texas**

You are hereby notified that payment of compensation has been suspended or stopped in the above numbered and styled claim, and that the date of the issuance of the last draft or other evidence of payment is the **19th** day of **May**, 19**59**, which paid compensation from **May 14**, 19**59**, to **20th** day of **May**, 19**59**. Incl.

The reason payment has been suspended or stopped is as follows:

Claimant's physician reports that she is able to work.



Total amount compensation paid \$ **583.80**

Weekly rate paid \$ **29.69**

Compensation paid from **12-6-58 to 12-8-58**, **12-11-58 to 12-12-58**, comprising **12-27-58 to 12-29-58**, **1-3-59 to 1-18-59**, **1-21-59 to 1-24-59** to **2-2-59**, **2-3-59 to 2-16-59**, **20 weeks** days. **2-19-59 to 5-20-59 Incl.**

Liberty Ins. Co. of Texas,
Name of Insurance Company

Box 939, Fort Worth, Texas
Address

Marguerite C. Oswald

*Name of Claimant or Beneficiary

313 Templeton, Ft. Worth 12-5-58

Address Date of Injury

King Candy Company

*Subscriber

813 East Ninth, Ft. Worth, Texas

Address

*maw
6/11/59
jew*

① 23

JOHN W. LAIRD

ATTORNEY AT LAW
333 PERRY-BROOKS BLDG.
AUSTIN 1, TEXAS

June 5, 1959

Industrial Accident Board
Austin, Texas

Re: T-16002
Marguerite C. Oswald
vs
King Candy Company

Gentlemen:

The firm of Spurlock, Schattman & Jacobs of Fort Worth, Texas has been employed to represent the above named claimant in her claim for compensation for injuries sustained in the course of her employment for the above named employer. Notice of injury and claim for compensation have been submitted by the claimant.

All payment of compensation has been stopped, the last check having been received May 20, 1959. Medical treatment has been discontinued although the claimant is still disabled. We shall appreciate having this claim set for hearing at the earliest possible date.

Very truly yours,

John W. Laird
John W. Laird, associated with
Spurlock, Schattman & Jacobs,
attorneys for claimant

JWL:rs

cc: Spurlock, Schattman & Jacobs
601 Sinclair Bldg.
Fort Worth, Texas

STATUS OF CLAIM FILE COPY

EMPLOYEE

Marguerite C. Oswald
313 Templeton Drive
Fort Worth, Texas

DATE OF INJURY

BOARD NUMBER

12-5-58

T 16002

INSURANCE
CO. NO.

W 11672

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

YOUR

VS
EMPLOYER . King Candy Company

Notice of Injury and
Claim for Compensation

INSURANCE
CARRIER . Liberty Insurance Company of Texas
Box 939
Fort Worth, Texas

IN CONNECTION WITH THE ABOVE STYLED CASE HAS BEEN RECEIVED, ACCORDING TO OUR RECORDS THIS CASE IS NOW BEING HANDLED AS SHOWN BELOW. PLEASE NOTE THAT THE PROPER COURSE TO FOLLOW HAS BEEN MARKED WITH AN "X" IN THE LEFT HAND MARGIN.

WHEN WRITING TO THE INDUSTRIAL ACCIDENT BOARD CONCERNING YOUR CLAIM FOR COMPENSATION ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE

You are receiving weekly compensation payments in the correct amount. So long as you are receiving compensation and medical attention the Board will take no action on your claim. If these payments are suspended before you have returned to work or fully recovered, the Board will be glad to assist you in securing a satisfactory settlement.

You have not lost sufficient time from work to be entitled to compensation for lost time. Compensation is not due you until you have been absent from work for eight days. If your injury has permanently affected your ability to work, you must file a signed, up-to-date, detailed medical report from a licensed Doctor in support of your claim. If your medical bills have not been paid, please advise this office, and furnish us itemized, signed copies of all unpaid bills.

You have probably been paid all compensation due you for time lost from work. If you are claiming further disability, please advise us and furnish a signed, up-to-date, detailed medical report from a licensed Doctor in support of your claim.

XXX Notice of Injury and Claim for Compensation has been received. In accordance with your wishes the Board will take no further action unless requested to do so. For their information, we are notifying the insurance carrier that claim has been filed.

Remarks:

No further action will be taken by the Board unless requested by you and unless supported by the necessary evidence as outlined above.

3

LM:egb 4-27-59

INDUSTRIAL ACCIDENT BOARD



Joe G. Moore, Jr.
EXECUTIVE DIRECTOR

FEB 1959 - 11359-162
NOTICE OF INJURY AND CLAIM FOR COMPENSATION

Texas Workmen's Compensation Law

Please read letter or back of this form, and then fill out in your own words

My Full
Name

MARGUERITE C O'NEAL

Social
Security No. 435-22-5686 51

My Employer Was

TITAN CANDY COMPANY 13 E. 9TH ST, FWORTH TEXAS

I Was Injured On

DECEMBER 5TH 1958 IN FWORTH TARRANT TEXASWere You Hired
In Texas?

YES

Last Occurred Outside Texas, On What Date Were
You Last Employed in State Where Accident Occurred?

CITY

COUNTY

STATE

I Was Working

8 TO 10 HOURS PER DAY

5

DAYS PER WEEK AT \$

175%

per month plus comm.

My Average
Wage Was

50%

How Long Had You Been Working
This Employer

4 months

Were You Paid A Bonus Or Commission?

YES

I Started Losing Time On

JANUARY 2 - 1959

Are You Now Receiving
Compensation?

YES

If So, How
much per Week?

29 1/2

For How Many Weeks

Have You Been Paid?

17

Have You Returned To Work?

YES, BUT HAD TO STOP

If So, On What Date?

At What Wage?

MO

DAY

YR

PER HOUR - DAY - WEEK - MONTH

Description of Accident and Your Injury (In Your Own Words)

I WAS GETTING CANDY FROM A STORE ROOM. I HAD TO REACH UP TO GET A CARTON FROM A SHELF. A NUMBER OF SIGNS PLACED ON TOP OF THE CARTON FELL AND HIT ME IN THE FACE AND HEAD AND THE CARTON ITSELF MAY HAVE HIT ME. I WAS KNOCKED TO THE FLOOR AND SUSTAINED PERMANENT INJURIES TO MY HEAD, NECK AND FACE, WHICH HAVE TOTALLY DISABLED ME UP TO THE PRESENT TIME.

Was Any Part Of Your Body Amputated?

NO

If Yes, Name Member and Give Point of Amputation.

Do You Now Have An Agent Or Representative Company?

YES

DO YOU HAVE ANY OF THE FOLLOWING INFORMATION AS YOU HAVE

DR JACK DALY, FWORTH, TEXAS

NONE

Name and Address of
Next Of Kin Or Relative

ROBERT L O'NEAL (SON) 1313 DAVENPORT FWORTH TX

I hereby give notice of my intent to file a claim for compensation under Workmen's Compensation Law of Texas.

I REQUEST THAT YOU DO NOT TAKE ANY ACTION

UNTIL FURTHER ACTION UNTIL REQUESTED BY ME.

CHECK ONE

Action On My Claim As Soon As Possible.

Date Signed

APRIL 20TH - 1959Signature
and Title

Mrs Marguerite C O'Neal

MELBA H Childs

313 TEMPLETON DR

FWORTH 7 TX

CITY AND STATE

BOARD NO. _____
 INS. CO. NO. W 11672

827

Report of Initial Payment of Compensation

LIBERTY INSURANCE COMPANY OF TEXAS

Name of Insurance Company.

Marguerite C. Oswald 3006 Bristol Road Fort Worth
 Name of Claimant or Legal Beneficiary. (Street and Number) City or Town

King Candy Company 813 East Ninth Street Fort Worth
 Name of Subscriber. (Street and Number) City or Town

12-5-58

Date of Injury.

1-29-59
 Date of Draft or Evidence of Initial Payment.

\$140.00 for 5 weeks from 6th day of December 1958
 Amount of Initial Payment.

to 8th day of December, 1958, 12-11-58 to 12-12-58, 12-27-58 to
 12-29-58, 1-3-59 to 1-18-59, 1-21-59, 1-24-59 to 2-2-59, all dates inclusive.

\$28.00
 Weekly Rate of Compensation.

Nose

Nature of Injury.

Remarks.

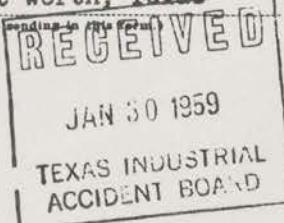
Draft mailed or delivered to claimant.

Liberty Insurance Company of Texas

Name of Insurance Company.

Box 939, Fort Worth, Texas

(Address of office pending in this form)



**STANDARD FORM FOR
EMPLOYER'S SUPPLEMENTAL
REPORT OF INJURY**

Approved by I. A. I. A. B. C.

Send to INDUSTRIAL ACCIDENT BOARD, AUSTIN, TEXAS
Penalty of \$1000 for failure to file.
See Section 7, Article 8307, Employer's Liability Law.

Copy to LIBERTY INSURANCE COMPANY OF TEXAS
Mitchell, Gartner & Thompson, Managers
P. O. Box 939
Fort Worth, Texas

State's Number	File:	16002
For:	Carrier:	78
Carrier's File No.		
(The spaces above not to be filled in by Employer)		

If Employer's First Report of Injury did not show that the injured had returned to work, an Employer's Supplemental Report of Injury should be completed and filed immediately after return to work of the employee, or at the end of sixty days. In the event of the death of the employee, this report should be filed immediately.

1. Name of Employer: King Candy Company

SOCIAL SECURITY NO. 064231

2. Office Address: No. and St. 213 N. Ninth St. City or Town Fort Worth State Texas

3. Insured by: Name of Company Liberty Insurance Company

4. Name of Injured (in full) Marguerite C. Oswald Social Security No. 435-22-5626
(First Name) (Middle Initial) (Last Name)

5. Present Address: No. and St. 3006 Bristol Rd. City or Town Fort Worth State Texas

6. Date of Injury December 5, 1959 Day of week Friday Hour of day A.M. 1:30 P.M.

7. Date Disability began Friday December 5, 1959 A.M. 10:58 P.M. 1:30

8. Has injured returned to work? Yes If so, date and hour 12/11/59 8:00 A.M. P.M.

9. Is injured person earning same wages as before injury? Yes If not, explain

10. If disability has not terminated, state probable date of termination of disability

11. Has injured died? If so, date of death A.M. P.M.

a-1 refers to
prior to 2-2-59
of a 1 is
not marked
final part
before
2-18-59

Date of this report 12/13/59

Firm name: King Candy Company

Signed by Wayne Goodman

Official Title: Personnel

EMPLOYER'S WAGE STATEMENT

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXASNOTE: PLEASE COMPLETE THIS STATEMENT IN DETAIL AND RETURN ~~MONTHLY~~ TO THIS OFFICE
PROMPTLY.B. T 14002
J. B. 21

SHOW NUMBER OF DAYS WORKED AND AMOUNT EARNED

STATEMENT OF TOTAL EARNINGS OF

Marguerite C. Oswald
SOCIAL SECURITY NO.

435-21-5686

FROM

AUGUST 31, 1958

TO

January 31, 1959

1. State minimum number of hours which employee was required to work per day, week, or month.

HOURS	PER
40	<input type="checkbox"/> DAY <input checked="" type="checkbox"/> WEEK <input type="checkbox"/> MONTH

2. How many days constituted a week's work?

5

3. How many hours constituted a day's work?

8

4. If this employee earned any overtime during above period, give the exact amount earned \$ 12.00

Rate for overtime \$ 1.00 per hour.

5. If employee was furnished board, lodging, laundry, fuel, or other advantages having a value which can be estimated in money (excluding, however, any sum paid to employee to cover any special expenses entailed on him by acts of his employment), state estimated value per month of each item furnished.

ITEM FURNISHED	ESTIMATED VALUE
	\$
ITEM FURNISHED	ESTIMATED VALUE
	\$

6. Has injured employee returned to work? Yes No
If so, on what date? not returned at what

MO. DAY YR.

wage? \$ 175.00 per monthcommissions 2% of sales

I CERTIFY THAT THIS

STATEMENT IS TRUE AND CORRECT

Date 2-6-59

Fort Worth, Texas

City

State

Sidney A. MylingSignature
Sales Manager
Official CapacityKing's Candies, Inc.
Employer

PERIOD COVERED BY EACH PAYMENT				DAYS WORKED	OCCUPATION (TYPE OF WORK)	WAGE RATE (BY HOUR, DAY, WEEK OR MONTH)	AMOUNT EARNED
FROM	TO	MONTH	DAY				
1 8	28	8	31		Sales	175.00 mo	261.25
2 9	1	9	30		"	" "	180.00
3 10	1	10	31		"	" "	175.00
4 10	1	10	31		"	Com	17.20
5 11	1	11	30		"	175.00 mo	175.00
6 11	1	11	30		"	com	23.98
7 12	1	12	31		"	175.00 mo	183.00
8 1	1	1-	31		"	175.00	38.13
9 1	1	1	31		"	com	57.04
10							
11							
12							
13							
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51							
52							
TOTAL DAYS WORKED				TOTAL AMOUNT EARNED			

T-160000 30

STANDARD FORM FOR Employer's First Report of Injury

Approved by I. A. I. A. B. C.

Send this Copy to: INDUSTRIAL ACCIDENT BOARD, AUSTIN, TEXAS.
Penalty of \$1000 for failure to file within 8 days after injury.
See Section 7, Article 8307, Employers' Liability Law.

Copy to LIBERTY INSURANCE COMPANY OF TEXAS

Mitchell, Gartner & Thompson, Managers
P. O. Box 939
Fort Worth, Texas

Texas at Summit

State's Number	File: <i>T 13-003</i>
For:	Carrier:
Employer:	

Carrier's File No.

(The spaces above not to be filled in by Employer)

Employer	1. Name of Employer. King Candy Company ✓	City or Town. Fort Worth ✓	State. Texas	
	2. Office address: No. and St. 813 E. Ninth St. ✓	✓		
	3. Insured by: Liberty Insurance Co. ✓			
	4. Give nature of business (or article manufactured). Candy			
Time and Place	5. (a) Location of plant or place where accident occurred. Kings Candy Retail Store Fair-Ridgelea Retail Store Department. State if employer's premises.			
	(b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill.			
	6. Date of injury December 5, 1952. Day of Week Friday Hour of Day A.M. P.M. 1:00			
	7. Date disability began December 5, 1952. 11:00 A.M. P.M.	8. Was injured paid in full for this day Yes		
	9. When did you or foreman first know of injury. At once			
Injured Person	10. Name of foreman. Stanley Hyberg			
	11. Name of Injured. Marguerite (Last Name) Oswald (Middle Initial)			
	Social Security No. 435-22-5686			
	12. Address: No. and St. 3006 Bristol Rd.	City or Town. Fort Worth	State. Texas	
	13. Check (✓) Married, Single, Widowed, X, Widower, Divorced; Male, Female, ✓; White, Colored.			
	14. Nationality. American	Speak English Yes		
	15. Age. 51	Did you have on file employment certificate or permit		
	16. (a) Occupation when injured. Store Manager	(b) Was this his or her regular occupation Yes		
	(If not, state in what department or branch of work regularly employed).			
	17. (a) How long employed by you. 4 Months	(b) Piece or time worker	(c) Wages per hour \$.	
18. (a) No. hours worked per day. 8	(b) Wages per day \$.	(d) Average weekly earnings \$ 175.00 per Month		
(c) No. days work per week. 52				
(e) If board, lodging, fuel, or other advantages were furnished in addition to wages, give estimated value per day, week or month. None				
Cause of Injury	19. Machine, tool or thing causing injury	20. Kind of power, (hand, foot, electrical, steam, etc.)	21. Part of machine on which accident occurred	
	22. (a) Was safety appliance or regulation provided.	(b) Was it in use at time		
	23. Was accident caused by injured's failure to use or observe safety appliance or regulation			
	24. Describe fully how accident occurred, and state what employee was doing when injured. It Is all clear why said employee That she reached up to get some Jars Of Candy From a shelf and a Carton of Candy Fell On Her Face and nose.			
	25. Names and addresses of witnesses. None			
Nature of Injury	26. Nature and location of injury (describe fully exact location of amputations or fractures, right or left) ✓ -of the bridge of the nose with swelling and swelling of the nostrils.	27. Has injured received medical treatment		Laceration
	27. Probable length of disability. 1 week	At what wage \$ 15.00	to	
	If so, date and hour.			
	29. At what occupation. Sales			
	30. (a) Name and address of physician. Dr. John Goldberg M.D. Goldberg Clinic Fort Worth, Tex.			
Fatal Cases	31. Has injured died.	If so, give date of death		

Date of this report December 11, 1952
205-4-55

Firm name. King Candy Company

Signed by *Marguerite Oswald*Official Title. *Manager*